THE

MEDICAL AND SURGICAL REPORTER.

No. 1110.] PHILADELPHIA, JUNE 8, 1878. [Vol. XXXVIII.—No. 23.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A PLEA FOR AN AMERICAN MEDICAL LIBRARY.

BY FREDERICK HORNER, M.D.,
Of Alexandria, Va.

In an able address before the late International Medical Congress, in Philadelphia, Surgeon I. I. Woodward, United States Army, says: "At the time the late civil war broke out nothing deserving the name of a medical library existed in Washington; and the incipient medical libraries in such great medical centres as Philadelphia, New York and Boston, were deficient in the class of books which were most frequently needed for consultation." There was no hope for supplying this want unless the Surgeon-General's office should undertake to accumulate a library. It was clear, also, that by a small additional expenditure beyond what would have been necessary to create such a library as would be thoroughly efficient for the merely practical purposes of the Army Medical Bureau, a national medical library might be created which would meet a want long felt by every medical man in America who has ventured in the domain of original research. Subsequently, not long after the close of the war, the first appropriation of money was made by Congress to found the library of the Surgeon-General's office, amounting, for two or three years, annually, to ten thousand dollars, which has since been reduced to five thousand. This library, which is in charge of Dr. Billings, U. S. A., is now essentially the medical section of the Library of Congress. It is thrown open to all medical men who choose to use it, and is very useful to students who desire to avail themselves of it in connection with medical researches of any kind. It supplies us with works, especially the older American books and journals, which could not otherwise be obtained, and is invaluable to original investigators who consult it in connection with their own work, and thus may become useful to the whole profession. Surgeon Woodward concludes with an earnest invitation to his medical brethren to coöperate in this effort to ensure the completion of this library.

Among the officers of the Medical Society of the District of Columbia, founded in 1817, is included a librarian. In 1818, Dr. Richard Weightman was first appointed to fill this office, and in 1835, Dr. Thomas Miller. Drs. J. M. Toner, and William Lee have manifested considerable interest in this subject, as members of the American Medical Association, and it may be assumed that we have now in the metropolis of the country the germs for the foundation of a National Medical Library, receiving annually valuable contributions from sources at home and abroad, in the departments of surgical, medical and pathological science. The surprise is natural that the representatives of a learned profession should have delayed so long—more than a century—in establishing such a library. We need a safe depository for the invaluable writings of the fathers of American medicine and surgery—of Rush, Warren, Drake, Dewees, Mott, and Dudley; and of the glorious galaxy of living men—Gross, now the Nestor of the profession; of Wood, Flint, Sims and Sayre; Ruschen-

berger, whose books on botany, conchology and outlines of anatomy and physiology, for the use of public schools, have contributed to enlighten the minds of our youth on subjects hitherto confined to the learned expert; of Bowditch, Snow and Baker, whose productions cover the entire ground of preventive medicine, and are invaluable as reference, to the legislators of the country; of Woodward and Otis, the single energies of whom have founded for us one of the finest army medical museums in the world. Within this list, deserving of preservation, may also be included the records of the Proceedings of the American Medical Association, and of State Medical Societies, abounding annually in valuable contributions, the fruits of the labors of the most talented and learned men of the profession. The editors of the medical periodicals, and the faculties of the colleges and universities usually the recipients of gratuitous gifts of home and foreign publications, might help forward such an undertaking. There are many who compose the great army of the profession in this country who, with a library of the kind, will be encouraged to contribute from their abundance and wealth to the wants of the student whose fortune is limited.

A hall for statuary and a gallery for portraits of eminent members of the profession should be embraced in the plan of an American Medical Library. The pilgrim abroad, in Paris, for example, pauses with admiration and pride in the vestibule of Hotel Dieu, to study the lineaments of Bichat, Louis, Dupeytren and Velpeau, and in the Royal College of Physicians and Surgeons, London, to regard the princely features of Sir Astley Cooper, Charles Bell and John Hunter. The foreigner will come to our own shores with like expectations on arriving at Washington City. In such a gallery should be grouped the portraits and statues, particularly, of the Presidents of the American Medical Association, and of men, contributors to science, and by whose counsel, courage and wisdom the horrors of war, pestilence and vice have been mitigated. A hall, also, might be appropriated for the use of the public medical lecturer.

An eloquent writer has rightly declared "that he who builds a hospital for the relief of human woe lives for ages after the heart which prompted the deed has ceased to beat, and he who builds a college, or founds a library for the diffusion of knowledge and piety among the people, long after the hand which reared it has turned to dust, is deemed by the wise and good greater than the glory of 'him that taketh a city.'"

A CASE OF UMBILICAL HERNIA.

BY R. M. WALKER, M.D.,
Of Danville, Va.

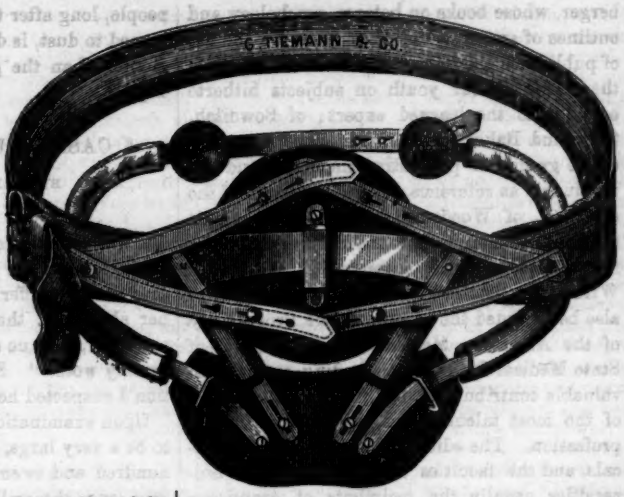
I was called to see Mrs. G. in February last. I was told by her husband, who came for me, that she was suffering from an "enlargement in her abdomen; that sometimes she was better, and then, from no apparent cause, she would get rapidly worse." From his attempts at description I suspected hernia in some form.

Upon examination of the patient, I found her to be a very large, fleshy woman, weighing two hundred and twenty pounds; abdomen pendulous, and the walls well stored with adipose tissue. Protruding from the umbilical ring was a hard, strangulated mass. Certain rational symptoms clearly indicated the existence of intestine in the imprisoned substance. After careful taxis under partial anæsthesia, I found the stricture exceedingly unyielding. Having to deal with so much fat in the adjacent structures that it seriously impaired my efforts at taxis, I expressed the doubt to her husband and herself, as to the efficiency of any means of relief short of an operation, which I feared I would have to perform. This she strenuously objected to, saying, "she was going to die any way," urging me to relieve her again by anæsthesia.

Bringing my patient quite under the influence of chloroform the second time, preceded by a hypodermic injection of morphia, and appyling ice and ether locally to the tumor, by prolonged and careful efforts the hernia was reduced, *i.e.*, the intestine was liberated; but I found, then, a small, adherent substance attached to one side of the ring. The patient's bowels were soon relieved, and in the course of twelve hours sufficient evidence of thorough evacuation of the whole alimentary canal had occurred. This satisfied me of the nature of the remaining substance of the tumor. Considerable tenderness supervened; and a fever heat to 104.5° Fahr., for forty-eight hours, was treated by cool applications over the abdomen, and fluid extract of gelseminum, as circumstances demanded.

Upon the restoration to health, I found the

enlargement at the ring gradually decreasing. I used iodine liniment, and kept up a soluble state of the bowels. At the expiration of two weeks the tumor had entirely disappeared, leaving a larger opening than before its removal. Through this umbilical outlet masses of intestine and omentum not unfrequently protruded, despite the efforts at restraint made by the temporary dressings and instruments used. The patient was cautioned (and I think needlessly so, for her recent sufferings were vividly before her). She affirmed that the weight of her abdomen, when standing, would displace any appliance to the umbilical ring. All efforts to restrict the protrusion prevailed but a short time.



Seeing that an abdominal supporter was indispensable in the management of the case (an operation for radical cure being opposed as persistently as was that suggested for relief of the stricture), I found that her protection must be instrumental. I could not adjust both supporter and truss (each of which were urgently demanded) without strangulating, as it were, large masses and folds of the abdominal walls intervening between the upper border of the supporter and the lower margin of the truss. Nor would this difficulty have been obviated had I had a larger, or rather higher, supporter, as the motions of the body would have permitted the displacement of one or the other of the instruments, from the integument gradually insinuating itself between, and eventually becoming a source of pain and discomfort, or else displacing the protectors.

Under these circumstances the genius of invention was appealed to. As my memory had failed to suggest any remedy in the various instruments devised heretofore for similar situations, I drew a diagram for a combination truss and abdominal supporter, which I sent to that most excellent house of George Tiemann & Co., New York. In a few days they sent the instrument, perfect in every particular. I lost no time in adjusting it for my anxious patient, who has been wearing it with infinite delight and absolute safety, for three months. Messrs. Tiemann & Co. were so delighted with the invention, as they call it, that they have had an electrotype taken of it and forwarded to me. I have sent it to you, with this article.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF JOHN H. BRINTON, M.D., MAY 2nd, 1878.

REPORTED BY W. S. HOY, STUDENT OF MEDICINE.

Gentlemen:—The first case to which I will direct your attention is one showing the result of a comparatively trifling operation; at the same time it is one which, I think, deserves our serious consideration.

Phymosis.

This little boy, between three and four years old, was operated upon by me, before you, some six weeks ago. I performed, at the time, the operation of circumcision, carefully trimming off the mucous membrane of the prepuce around the corona and down to the frænum. The case at first did well, but after a few days the edges of the wound, and the thickness of the preputial fold became infiltrated with lymph, the elasticity and movement of the tissues were lost, the new prepuce gradually contracted on the gland, the preputial orifice became smaller and smaller, and it really seemed as if the condition of phymosis had returned as badly as before, and as if the previous operation had failed. All that was necessary, however, for me to do, two weeks ago, was to slit up the prepuce over the dorsum of the glans with a pair of scissors. Here you see the result; the wound has healed,

the prepuce is soft and easily slid forward or retracted; in fact, the operation is a success.

My object in bringing this case before you this morning, was to draw your attention to the occasional development of a sort of unhealthy deposit of lymph, after operations for phymosis, in children of a scrofulous or otherwise impaired constitution. I have had this to happen once or twice in my own practice, and I know at the time it worried me greatly. I have seen the same abnormal glueing together of the preputial tissues occur after operations at the hands of other surgeons, when the greatest care had been practiced at the time of operation. Why it should so happen I cannot tell, but it does sometimes take place, and you ought to know how to deal with it. Do this; split up the prepuce, and if you have performed at the first operation a satisfactory circumcision, you will usually have but little further trouble.

Now let me say a few words with regard to phymosis in young boys. Some years since, my friend, Dr. Packard, examined a large number of boys at the Philadelphia Hospital, nearly one hundred, I believe, between the ages of one week and ten or twelve years. Out of 98 cases, in 93 the gland was completely covered; in 4 uncovered, and partially covered in 1. Of the 93 covered cases, in 36 the prepuce was entirely retractable, in 3 partly retractable, and in 54 entirely non-retractable. Such are his statistics, published in the *American Journal of the Medical Sciences*, for October, 1870.

You will thus see that in earliest infancy nearly all boys have phymosis. The question naturally arises, how long does this condition last? In what proportion of cases does it cease to exist? What are its injurious consequences, if any, in early childhood, and when should operation for its relief be practiced? In a general way I would thus answer these queries: Taking one hundred cases as a standard, in about one-third of the number the prepuce remains long, covering the gland during life; usually retractable when not inflamed or diseased, but in a comparatively small number of cases non-retractable. In those cases, when the gland in adult life is comparatively exposed, the retraction of the prepuce commences, I think, generally between the seventh and tenth year, and becomes complete at the period of puberty. It certainly is a matter of every-day observation, that the projecting snout of the prepuce so frequent in very young boys gradually becomes less and less, and entirely disappears. The boy, in his early years, possesses an undoubted phymosis, but at the same time one which causes him no trouble. Sometimes, however, it does cause him trouble and irritation. Thus I have found difficulty of urination occur from a pronounced phymosis; sometimes, too, the apparent symptoms of calculus. So, also, the urine has, at times, dilated the preputial bag behind the orifice, and inflammation and suppuration have been set up. Then, too, a boy with phymosis, suffering irritation from collections of smegma or other causes, may pull at the prepuce, finger himself, and thus fall into bad habits.

When shall we operate, is the next question? When any of the consequences I have alluded to have been developed or are threatened. If the orifice of the prepuce is not very tight, you may simply split up the prepuce over the dorsum, but usually, especially if there is any redundancy of prepuce, forming the snout I have spoken of, it is better at once to perform a true circumcision, as I have here often shown you. It is a neater, cleaner operation, rounds off well, avoids all pendulous tabs of skin, and saves both surgeon and patient much trouble. I may add that, as far as my observation goes, the result of operation, either by incision or circumcision, will be an uncovered glans after the period of puberty. In future lectures I shall refer to the subject again, as patients with this condition pass before us.

Hare-lip.

I will now, gentlemen, bring before you two cases of hare-lip in young children, and will avail myself of this opportunity to say a few words to you concerning this interesting deformity. The term hare-lip is widely used, and is generally understood. It means a congenital condition of cleft in the upper lip, somewhat similar to that which is normally observed in the hare or rabbit. There is, however, this important difference between the two. In the hare the cleft is directly in the middle line, and the two divided portions of the upper lip are symmetrical. In the human subject this is not so. The cleft—I am now speaking of simple hare-lip—is upon one side, usually, I think, upon the left. The right lip is firmer, and stronger, and longer upon the edge of the cleft, than the left. In the patient before you the reverse is the case, the cleft is on the right side and the left side has the longer edge, as you will notice. Usually, as in this case, the smaller side of the lip runs off at an angle. The tissues are scanty, and, in fact, there is not only a cleft of the lip, but on one side an absolute deficiency.

It is this peculiar condition which so often gives rise to a central notch, where union has taken place after the operation. The surgeon is charged with bungling and imperfect result, when, in reality, nature, not he, is to blame. If you try to sew together the edges of two pieces of muslin, one ten and one twelve inches in length, they will not fit accurately, but will necessarily wrinkle and pucker. Just so it is in the operation for hare-lip. The edges, if pared by simple, straight incision, and brought together, pucker in uniting, and the result is the disfiguring central notch. To avoid this result requires some skill, and has taxed the ingenuity of surgeons. In the operation I shall presently perform, I will show you one of the processes by which we can try to avoid this blemish in result.

Hare-lip, I have said, is congenital; the child is born with it. What are the intra-uterine

forces which produce this, we cannot exactly tell. It is often hereditary, and by some pathologists is believed, whether correctly or not I cannot say, to be more often a paternal than a maternal inheritance. It is often associated with other deformities. I have over and over again shown you cases where hare-lip and cleft palate occur in the same patient, as they do, indeed, in this little fellow. Moreover, two or more children in the same family may inherit this deformity. The mother of this child tells me that she has had two other children, still-born, both with hare-lip and cleft-palate; and in this little boy, an elder brother of the infant, I show you a curious instance of deficiency of fingers and toes, some of which are rudimentary, and others are webbed. This lip and palate, however, are normal. I do not remember ever to have met with a family so marked by congenital deformity. I should add that this little hare-lip patient has also one club-foot. The mother tells me that neither she, nor her husband, or their progenitors, have, to her knowledge, ever been troubled with like deformities.

The period of operation is a matter of much importance. Usually I prefer not to operate until the infant is three or four months old. The degree of vitality is then stronger, and the shock of operation is felt in a less degree. Sometimes, however, there is so much difficulty in nourishing, the child not being able to suck, and feeding with the spoon so difficult, that an earlier operation is necessary. Especially is this the case when cleft palate coexists, and the life of the child is threatened from defective nutrition. In such cases, you are obliged to perform an earlier operation, although I think it is desirable to avoid it, if possible.

Now let us look again at this baby. As I have said, the cleft is on the right side, the attachment of the frænum is on the right side, and the right lip has the shorter edge. The usual operation consists in paring the edges by angular or curvilinear incisions, and the insertion of hare-lip pins (illustrated on the blackboard). But with the best endeavors, the objectionable notch will often result. I propose here, to-day, to perform an operation advised by Malgaigne, in the hope of obtaining a pouting, instead of a depressed centre to the cicatrix. Observe how I do this. First of all, I give the child a little whiff of ether, and then have its arms and body carefully wrapped around with a towel, to prevent struggling. I next place a clamp on either side of the angle of the mouth, to control the labial artery. With a narrow knife, I free the attachments of the lip, especially on the right side, from the upper maxilla, in order to render the parts loose and relieve the tension. I then make an incision in A, reversed, the apex at the top of the cleft, and the legs of the cut running down on each side of the cleft. This incision I continue to the labial margin, but do not cut it out. I stop at the mucous edge, and thus, you see, I have a double flap, with an attachment on each side, which an assistant draws down as I insert the pins. I place the lower pin first, as I desire an accurate coaptation, then the upper one; twist on the silk, and you see the parts are well together. Through the projecting centre I pass a fine cambric needle and very delicate silk suture, and the operation is finished. The result now is perfect, and if union shall occur promptly, as I trust it will, the child will have a good lip, and, I hope, little or no deformity. You noticed that in operating I have kept the infant's head raised, so as to prevent the accumulation of blood in the mouth, and in passing the pins I carefully transfixed the coronary arteries, so as to forbid hemorrhage. One caution I must give you with regard to the pins: carry them with a good bold almost to the mucous membrane of the mouth, but not through it, otherwise they may produce irritation, and the child, in sucking, may draw blood into its mouth.

Union, to be perfect, must take place by first intention. If ulceration occur, the result will be negative, there will be no union. Now you will ask me, when shall the pins be removed? My answer is, in ordinary cases, not earlier than forty-eight hours, and not later than sixty hours after the operation. If taken out earlier the adhesion may sunder, if later, ulceration will take place, and union fail. In order to relieve the tension of the part, I now put the narrow strip of adhesive plaster, which has been well stretched in heating, applying it thus, across the lip, from one malar bone to the other, making it narrow in the middle. I think this serves to render the parts less tense, and in that manner it assists the healing process. I will bring this little one before you at my next clinic, when I hope the termination of the case may be satisfactory.

Double Hare-lip.

The operation I have just shown you is for simple hare-lip. Here, gentlemen, is a case of double hare-lip. The child is fourteen weeks old, and is fed with some difficulty. The parents are very anxious to have the deformity removed. Note the difference between this and the preceding case. Here the cleft of the lip is double, that is, a cleft on each side; the cleft, too, extending not only through soft parts, but also through the maxillæ. We have, therefore, a central projection of bone covered by mucous membrane, known as the inter-maxillary process. This is a very sad condition of affairs, very much more difficult to manage than a simple hare-lip. The degree of deformity is greater, and it is not always easy to obtain union between the central fleshy pyramid and the edges of the two clefts.

One point in this child's case I particularly desire you to note, and that is the size and extent of the intermaxillary projection. On first thought you might suppose that I would remove this projection, as unsightly and out of place. Not so. I shall leave it, for it will carry, hereafter, the incisor teeth, and will, moreover,

serve to sustain the lip and preserve the width of the jaw, so important to avoid deformity. If the projection is too prominent I can nick with my bone forceps its lateral maxillary attachments, and force it down in proper position.

We will now proceed to the operation. The child will be anæsthetized and properly placed. I apply my clamps and loosen, by free incision, the soft parts from the bones. I then pare the four surfaces and insert my pins, bringing the parts well together. You see that the double gap is thus closed; at the same time the tissues on the left side appear to me to be rather more tense than I would wish. On this side, indeed, the cleft has been greatest, and the fleshy deficiency most pronounced. I will try and relieve the strain by an adhesive strip, as you saw me apply it before, but I fear that full union is not as likely to take place in this case as in the other.

Encysted Hydrocele of the Spermatic Cord.

The next patient is a boy of fifteen years of age, who presents himself to our notice with rather an obscure affection, from which he has suffered for six years; we will examine him together. You notice here a soft elastic tumor in the scrotum, situated on the right side, oval in shape, elastic on pressure, extending upward nearly to the external ring, and reaching downward almost to the testicle. It gives him some pain, but not much, and is slowly increasing in size.

In deciding upon the nature of this growth, we must make what is called a differential diagnosis. We must consider what it may be; and then exclude from our consideration what it is not. In the first place, it may be an inguinal hernia, congenital or acquired. To test this, I grasp it, and tell him to cough; he does so, and I find no impetus to the tumor is transmitted by so doing; I carry my fingers upward, above the mass, and find that I can grasp it firmly, distinguish its upper contour, and make out distinctly that it does not pass up to the ring. My fingers are above it, between it and the ring, and I can feel the cord plainly. Then, too, examining the ring with my little finger, I find that it is closed, and not pervious. This is not a hernia. It is not a varicocele, for it is situated in front of the cord, is almost as large as an egg, and does not present to the touch that peculiar feel described as that of a bundle of earth worms under the skin. Nor can I feel the vas deferens, as I ought; and pressure by squeezing does not produce the nausea common in such cases.

It is not a tumor of the testicle itself; for I can distinctly distinguish that organ, of normal size and feeling, below the suspected growth. It is not a hydrocele of the tunica vaginalis; it is too much in front, does not extend far enough backward, and is not broad enough.

What, then, is it? Evidently an affection of the spermatic cord; a growth or development in the substance of the cord, but not a solid or indurated mass. I have examined it by transmitted light, but cannot obtain translucency to my satisfaction. I am convinced, however, that it is a collection of fluid in the substance or on the cord, and that it is not diffused, but circumscribed. It is, in fact, what is known as an encysted hydrocele of the spermatic cord, for I can make out its walls or sac, and know that it is separate and apart from the epidydimis and testicle, and that it does not reach the external abdominal ring.

The development of this sac is probably owing to an effusion of fluid in some unobliterated portion of the peritoneal pouch carried down during the passage of the testicle. The fluid, I fancy, will be found to be similar to that of hydrocele of the tunica vaginalis. I will now puncture it with a small trocar, and as I do so you notice the light amber color of its fluid contents. Our diagnosis was correct; this is an encysted hydrocele of the cord, the fluid being contained in a sac. As for the treatment, I might inject the sac with a solution of tincture of iodine, or run through it a fine seton. But I will content myself, to-day, with drawing off the fluid, and then irritating the walls of the sac with my trocar point, in the expectation that sufficient irritation will be excited to obliterate the cavity by adhesive inflammation. Should this fail, and the fluid reaccumulate, we can resort to other measures hereafter. * * * *

BELLEVUE HOSPITAL, N. Y.

CLINIC OF PROF. AUSTIN FLINT, SR., M.D.

Reported expressly for the MEDICAL AND SURGICAL REPORTER.

Hemiplegia from Cerebral Hemorrhage: its Differential Diagnosis and its Effect on the Temperature of the Two Sides of the Body.

GENTLEMEN: Here is a patient, you observe, whose eyes are open, but, as Shakespeare would say, there is not much speculation in them. The woman is in a semi-comatose condition, and I may as well say at once that she is suffering from an attack of hemiplegia following apoplexy. If we examine the face for paralysis, we find that the left angle of the mouth is somewhat drawn, and that there is a little difference in the expression of the two sides of the countenance. If she were able to put her face into action, however, the paralysis would be much more marked than it at present appears. I would also call your attention to the fact that there is a sudden flushing of the face, amounting to intense congestion, whenever she coughs or makes the effort of swallowing.

The hemiplegia is on the right side of the body, and you notice that when I raise the arm on that side from the bed, it is perfectly powerless, and falls, when released, like a heavy and inert body. The left arm, on the contrary, is entirely unaffected. The right lower extremity

is also paralyzed, but she is still able to move it a little. Thus, for instance, you observe that she moves the toes now, when the sole of the foot is pricked with a pin. It is a question here, however, as to how far such movements may be voluntary in their character, and how far reflex. As a rule, you will remember, sensibility is not affected in such a hemiplegia as this, or if it is, that this is the case for only a comparatively short time. The paralysis remains motor, and not sensory.

Let us now run rapidly over the history of this case, and in it I would incidentally direct your attention especially to two points. The first is as to the light which the history may throw upon the causation of the apoplexy, and the second is as to the effect of apoplexy and hemiplegia upon temperature.

The patient was admitted to the hospital four days ago. She is said to be seventy years of age, but no personal or family history could be obtained from her. As far as we are able to make out from the account given of her at the time of her admission, she was quite well up to five days ago. Then, while sitting in a chair, toward evening, she suddenly fell to the floor, and was found to be paralyzed, as at present. She was also apparently aphasic, though there is room for some doubt on this point, as the speechlessness may have been due to the partial unconsciousness resulting from the attack. One unusual and interesting feature of the case was that she was totally unable to swallow.

When brought to the hospital the following day she was found to be in a semi-comatose condition, with the upper and lower extremities on the right side partially paralyzed. As is generally the rule in such cases, the paralysis was more complete in the arm than in the lower extremity, while there was considerable rigidity about the muscles of both members. The mouth was somewhat drawn to the left, and the right cheek was more flaccid than the left. The intellect was found to be markedly impaired, but it was observed that the patient frequently put the hand of the unparalyzed arm up to the left side of the head, as if she suffered some pain there. The head was turned toward the opposite side of the body from that on which the paralysis occurred. This is ordinarily the case for the first few days after an attack of this kind, and then the symptom disappears. At present you notice that the patient still holds her head in this position, though it is not turned to the side to such an extent as at first. The pulse was slow, the respiration normal, and the temperature 100°. The heart, liver and spleen were normal, and nutrition was good, but she had some general bronchitis. It was observed that the patient groaned quite frequently, and this is found still to be the case.

In the way of treatment, she was given at first two drops of croton oil, and that night she had two free evacuations of the bowels. Being entirely unable to swallow, a pint of milk, with two ounces of whiskey, was given her, by means of the stomach pump, soon after admission. A nutritive enema was also tried, but was not retained. Subsequently, however, a tannic acid suppository was inserted into the rectum, and after that there was no further trouble about the retention of such enemata. The inability to swallow has continued up to the present time, and so it is still necessary to keep up the nourishment of the patient in the same manner.

During the first day and evening after admission, the temperature in the right axilla, taken at different times, was, respectively, 101°, 100°, and 100°; while that in the left axilla, taken at the same periods, was respectively 97°, 95°, and 97°. On the second day the observations were 100¼°, 100°, and 100°, in the right axilla, and 99°, 98⅝°, and 98°, in the left. On the third day, 100°, 100°, and 100°, in the right axilla, and 96°, 98°, and 98¼°, in the left. On the fourth day (yesterday) there was a marked change in the relative degrees of temperature of the two sides of the body. In the morning the temperature in the right axilla was 100°, while that in the left was 98¼°. In the afternoon, however, the temperature in the right axilla was 99°, and that in the left 100°; while later in the evening it had fallen to 97° in the right axilla, and risen to 100¼° in the left. This, you perceive, is just the reverse of what took place at first.

To-day, again, still another change has taken place in the relative temperatures of the two sides. Early this morning much the same state of affairs was observed as last evening, but since then the degrees of temperature have become more and more nearly approximated, until now they are almost identical. The following is the record of the observations to-day. In the right axilla, 99°, 98¼°, and 98°. In the left axilla, 100¼°, 100°, and 98°. The phenomena observed here in regard to the temperature are certainly of exceeding interest, though they may, perhaps, not be of great importance in a practical point of view. As a general rule, in such cases, it is found, as in the present instance, that at first the temperature is comparatively high on the affected side, while upon the unparalyzed side it falls considerably below the normal standard. After a few days the relative temperature of the two sides is completely reversed, and then, as we have seen here, it becomes uniform in both.

We are now to examine what the probable cause of this attack has been. The phenomena observed, in general terms, are those of apoplexy and hemiplegia, and it is, therefore, necessary for us to place before our minds the different conditions which are capable of producing such results. In the first place, I may observe that the circumstance of the apoplexy coming before the hemiplegia enables us, in this case, to entirely exclude meningeal hemorrhage, which would, indeed, give rise to apoplexy, but would not be followed by paralysis.

A tumor of the brain, on the other hand, might explain the paralysis, but could scarcely

occasion such an apoplectic seizure as occurred here, though these intracranial growths not infrequently give rise to epileptiform convulsions.

In reality, however, the diagnosis lies chiefly between two conditions, viz., cerebral embolism and cerebral hemorrhage. Let us, therefore, ask ourselves what points in the case form one, and what the other, affection. In both, it is well to remember, we might have loss of consciousness, either complete or partial, and in both we would expect to find hemiplegia.

Now, as to the points of difference. In the first place, embolism can ordinarily only occur as a result of cardiac disease; and as we have seen that the heart is in a healthy condition here, this is certainly a very strong point against embolism. Secondly, the age of the patient is against the supposition of embolism, which almost always occurs in early or middle life. Cerebral hemorrhage, on the other hand, occurs, as a rule, in advanced life.

Next, let us inquire if the side which is paralyzed has any bearing on the causation of the hemiplegia? Yes, this point would seem to favor embolism, for in the larger proportion of cases, hemiplegia due to this condition is on the right side, as in the present instance. Still, this does not, of course, exclude cerebral hemorrhage, which is liable to produce paralysis of either side of the body.

Another point to be taken into consideration is, whether the patient has improved or not since the onset of the attack. It is now five days since she was stricken down with the paralysis. The ordinary rule is, that in hemiplegia from embolism more distinct improvement, both as regards the intellectual faculties and the paralysis, takes place within such a period than is the case here. Indeed, it can hardly be said that there is as yet any appreciable change at all in the patient's condition.

These are the more important points to be taken into consideration in making up our minds as to the diagnosis, and in view of the evidence which they afford, I think we are justified in excluding embolism and regarding cerebral hemorrhage as the cause of the trouble here. Perhaps it may be as well, however, to mention two additional points which go to corroborate this opinion. The first is that the patient, from time to time, puts her hand to the left side of the head, as though she felt pain there. If there is a clot present it has, no doubt, acted as a foreign body and excited a certain amount of cerebritis in the tissue surrounding it. The carrying of the hand to the head, which indicates that the patient feels pain, or at least a sense of discomfort, there, is a symptom to which I am accustomed to attach considerable importance in such cases.

And this brings me to the second point alluded to. Not only has this inflammatory action given rise to pain, but also to some increase in temperature. Yesterday and to-day, as we have seen, the temperature has been abnormally high upon the left side of the body, which is the unaffected one. The increase in temperature, for the first few days, on the right side, was unquestionably due to the direct influence of the paralysis on that side, and ought not, therefore, to be considered as indicative of fever in the system.

It is, then, pretty certain that we have a clot to deal with here, and if you ask me where it is located, I can answer, with a considerable amount of assurance, in the *corpus striatum* of the left hemisphere of the brain. The *corpora striata* are the usual seats of such cerebral hemorrhage, and there is nothing to indicate that it is located elsewhere in the present case.

The indications for treatment are exceedingly simple here. The patient's bowels have been moved, and we have only to keep her perfectly at rest and supply her with appropriate nourishment. As has already been mentioned, there is one peculiarity about this case, and that is that the woman is unable to swallow. Consequently it will, of course, be necessary to continue feeding her, for the present, at least, in the same manner hitherto resorted to. I may also mention that she does not pass her water of her own accord, so that the bladder has to be emptied from time to time by means of the catheter. It is possible that the patient may never emerge from the semi-comatose condition in which she has remained ever since her admission to the hospital, but the probabilities are that a gradual improvement will take place in her condition.

Medical Societies.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The Medical Society of Pennsylvania met at Pittsburg, May 29th, 1878, at Library Hall, and was called to order at 3 P. M.

The retiring President, Dr. R. B. Mowry, Allegheny, took the chair, assisted by the Vice-President, Dr. L. Turnbull, of Philadelphia.

The session was opened with prayer by the Rev. E. A. Felton, D. D., of Pittsburg.

Dr. Mowry introduced Dr. D. Hayes Agnew, of Philadelphia, President-elect, who assumed the chair with some appropriate remarks.

Dr. T. J. Gallaher, Chairman of Committee of Arrangements, introduced Dr. C. B. King, who, on behalf of the Committee, welcomed the Society to Pittsburg and its hospitalities.

The Permanent Secretary read a note from Professor S. D. Gross, regretting his inability to be present, which was ordered to be entered on the minutes.

The Committee on Credentials presented their report, which was read by the Secretary, showing about two hundred members in attendance.

Dr. T. Woodbridge, of Ohio, was invited to the platform as a representative from the Ohio State Medical Society.

Drs. J. G. Richardson and B. Gillett, as repre-

sentatives to the New York State Medical Society, presented their reports, which were referred for publication.

Dr. S. W. Gross, of Philadelphia, read the address in Surgery, which was on Stricture of the Urethra, and its proper treatment. It was referred for publication.

Dr. LeMoyne, of Pittsburg, made some remarks upon the subject of the paper.

Dr. J. T. Carpenter, of Pottsville, read a paper on the Local Origin of Constitutional Disease. Referred for publication.

The paper was discussed by Drs. William Pepper, Philadelphia, R. L. Sibbett, Carlisle, B. Lee, Philadelphia.

Dr. W. J. Asdale, of Pittsburg, exhibited the case of a child of three years with a bullet still in the substance of the brain.

Dr. J. B. Murdoch, of Pittsburg, read a paper on Fracture of the Femur, with Dislocation of the Head of the Bone, not detected till long afterward.

Dr. Agnew suggested a mode of arriving at a proper diagnosis.

Referred to Committee of Publication.

Dr. Ezra Dyer, of Pittsburg, read a paper on Sympathetic Ophthalmia; it was discussed by Dr. S. D. Risley, of Philadelphia, and referred to Committee of Publication.

The Permanent Secretary read, by title, a report from the Committee of the Philadelphia County Medical Society, on Revision of the Pharmacopœia, which was referred for publication.

The Permanent Secretary read a paper from Dr. Edward Seguin, of New York, on Uniformity of Observation in Medicine, which was referred to the Committee of Publication.

The delegations from counties were requested to appoint their members of the Nominating Committee, and report in the morning.

On motion of Dr. J. L. Stewart, of Erie, all the members of the Allegheny County Medical Society not delegates were invited to seats with the Society.

Adjourned till 8 P.M.

The Society met in the evening to listen to the address of the President.

His address was upon "Errors of Diagnosis."

On motion, thanks were tendered him, and a copy was requested for publication.

Adjourned until 10 A. M., Thursday.

SECOND DAY.

President, D. H. Agnew, in the chair.

Dr. W. B. Atkinson, of Philadelphia, exhibited the new cephalotribe of Professor Ellerslie Wallace, of Philadelphia, with teeth susceptible of being raised and retracted, so that when the head has been crushed the instrument will hold the head and extract it. The instrument was fully described, and its great value demonstrated by the lecturer, after which it was passed around for inspection.

Dr. J. Solis Cohen then, by request, exhibited an improved tracheotomy tube.

The resolutions offered last year were called up, and after some remarks by Dr. Pollock, of Pittsburg, the first was adopted.

Resolved, That all county medical societies now existing under the regulations of this Society, or which may hereafter be so organized, shall, at the next meeting to elect officers following the adoption of this resolution, or at the next meeting of officers, when such society shall have been organized, and annually thereafter, be required to elect three members, to be called medical examiners, whose duty it shall be to examine all applicants for admission as students of medicine under the tuition of members of this Society, and said Committee shall withhold their certificate from any applicant, unless he is of good moral character, possesses a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage. And no member of any county society shall receive any person as a student of medicine unless he presents a favorable certificate from this Committee.

The second resolution, was offered to be amended by Dr. McCann, to read four years. Lost. The resolution was then adopted, as follows:—

Resolved, That every member of a county society, organized, or which may hereafter be organized, under the regulations of the Medical Society of the State of Pennsylvania, before receiving any person as a student of medicine, shall require him to enter into a contract to pursue his studies for a period of not less than three years; and it shall be the duty of his preceptor to present him a certificate, countersigned by the secretary of the local society of which he is a member, setting forth the facts as above stated.

The third resolution was adopted—

Resolved, That it shall be the duty of all members of the profession holding allegiance to the Medical Society of the State of Pennsylvania to recommend their students to attend only such medical colleges as rigidly enforce the full three years' course of study in their curriculum, and otherwise conduce to elevate the standard of graduation.

On motion the Permanent Secretary was directed to send a copy of these resolutions to the Association of American Medical Colleges, at their meeting at Buffalo, in June next.

The amendment to the Constitution, offered last year was then unanimously adopted—

ART. III, SEC. 5. Strike out "continues to reside in the county for which he was originally delegated." Add "any member of this Society may, by change of residence, transfer his membership to any other regular county society, without prejudice to his standing in this Society."

Dr. Wm. Goodell, of Philadelphia, then read the Address in Obstetrics, on the subject of Lacerations of the Cervix Uteri. Referred to Committee of Publication.

The following Committee on Nominations was announced:—

Allegheny, Dr. T. W. Shaw. Armstrong, Dr. W. H. Stewart. Blair, Dr. R. Clarke. Bedford, Dr. A. E. Ely. Butler, Dr. C. F. McBride. Beaver, Dr. J. C. Temple. Centre, Dr. G. F. Harris. Clarion, Dr. J. M. Fitzgerald. Clearfield, Dr. J. A. Bouse. Crawford, Dr. T. J. Young. Cumberland, Dr. S. P. Ziegler. Delaware, Dr. I. N. Kerlin. Dauphin. Dr. J. Curwen. Erie, Dr. A. S. Bonsteel. Fayette, Dr. L. S. Gaddis. Huntingdon, Dr. A. B. Brumbaugh. Indiana, Dr. J. L. Crawford, Jefferson, Dr. C. M. Matson. Lancaster, Dr. A. M. Miller. Lawrence, Dr. D. Cunningham. Lycoming, Dr. G. D. Nutt. Montgomery, Dr. H. Corson. Mifflin, Dr. J. T. Mahon. Montour, Dr. I. Pursell. Mercer, Dr. L. N. Woods. Northampton, Dr. E. G. Steinmetz. Philadelphia, Dr. W. G. Porter. Schuylkill, Dr. S. S. Koser. Tioga, Dr. W. Fiske. Washington, Dr. M. H. Park.

The Committee retired immediately.

Dr. R. L. Sibbett, of Carlisle, presented the report on Medical Legislation, as follows:—

The Committee on Medical Legislation respectfully report, That, on account of a want of perspicuity in Section 3 of the Act of Assembly, approved March 24th, 1877, and referred to in the report of last year, registration, as far as is known, has not been commenced in any part of the State. The Permanent Secretary, in conjunction with the Treasurer and the Chairman of this Committee, decided not to print the blank forms for the guidance of the prothonotaries, as directed by this Society, until further efforts were made to secure additional legislation. Accordingly, your Committee prepared, and laid before the Legislature, a memorial.

At the same time a supplement, as herein indicated, was introduced into the House of Representatives, and was received with favor, but owing to the fact that the Senate bills of last year had not been considered in the House, it could not be reached, and it must now be introduced *de novo*.

In these circumstances your Committee would continue to urge upon the profession the importance of commencing registration as soon as possible. In Cumberland county arrangements have been made for the registration immediately. No one will object, especially as the practitioner pays the expense. The Prothonotary will soon become interested, and will assist in securing the passage of a supplement to the act by which all doubts will be removed. Let the fraternity go forward and voluntarily register in the several counties, as a privilege, rather than a duty enforced by law. If any one prefers not to register in accordance with the forms suggested by the Society, he can adhere strictly to the letter of the law. Experience will prove that the practitioner will not only take pleasure in identifying himself with the history of his county, but he will take pleasure in representing himself as favorably as possible before the public and posterity. In registering, the fraternity lays the foundation upon which the profession may be built up. They become identified with the State and several counties. This is done under oath or affirmation, and while identified with the government which protects the profession, the means by which the foreigner and pretender deceive the public is taken from them with the commencement of registration, and the profession will begin to write the history of the profession. Thus far there is no history, either State or county. It is impossible to tell who or how many were practicing twenty years ago, or the practitioners of to-day, and this end will not be reached until registration is begun. As a first step, all that is necessary is that five or six respectable practitioners in each county visit their Prothonotary and request him to purchase a book for registry or purchase it themselves, and request him to take charge of it, which he dare not refuse, for the law certainly requires registration. No further effort will be necessary, as the Prothonotary, who is to receive a fee of one dollar, will see that all practitioners register.

With this view of the subject there appears to be no good reason why the profession should not commence registration at once. Let those who decline take their chances in the Courts. The penalty for non-compliance with the requirements of the law is two hundred dollars, and this may be doubled, at the discretion of the Court. The cost of registration is only two dollars. The other sections of the law are clearly expressed, and cannot fail to produce good results. No one now is permitted to commence the practice of medicine in the State who has not obtained, in a regular manner, the degree of Doctor of Medicine; nor is any one allowed to itinerate from place to place who has not taken out a license. The responsibility for incompetency is on the schools. The institution which confers the degree of Doctor of Medicine upon those who cannot read or translate their diplomas can no longer claim the support of the profession. The Chairman of this committee desires to express a sense of personal gratitude to all, especially to the members of the committee, and to the medical gentlemen in the Legislature, who have labored so earnestly for the success of this movement.

The report was accepted and adopted.

Dr. S. D. Risley, of Philadelphia, read a paper on Chronic Iritis, based upon one hundred and fifty-three cases. Referred to the Committee of Publication.

Dr. O. H. Allis, of Philadelphia, read a paper on Descent of the Testicle, and its Relation to Hernia. Referred to Committee of Publication.

A paper by Dr. E. Griswold, on Puerperal Fever, was presented; the author being absent, without reading, it was referred to the Committee of Publication.

Dr. J. V. Shoemaker, of Philadelphia, read a paper on Acne Rosacea, which was referred to the Committee of Publication.

Adjourned to meet at 2½ P. M.

2½ P. M. President in the Chair.

The Report of the Committee of Nominations was presented, as follows, and on motion, adopted:—

President, Dr. James L. Stewart, of Erie. Vice-Presidents, J. T. Carpenter, Schuylkill; William Goodell, Philadelphia; J. V. Bean, Lancaster; A. M. Pollock, Pittsburg; L. Turnbull, Philadelphia. Permanent Secretary, William B. Atkinson, Philadelphia. Recording Secretary, I. N. Kerlin, Delaware. Corresponding Secretary, O. H. Allis, Philadelphia. Treasurer, Benjamin Lee, Philadelphia.

The Committee of Publication is unchanged, with the exception that Dr. Kerlin is substituted for Dr. Coffey.

The delegates selected to the American Medical Association, eighteen in number, are: Drs. William Pepper, Philadelphia; I. N. Kerlin, Delaware; J. W. Hughes, Indiana; S. M. Ross, Blair; S. W. Gross, Philadelphia; R. B. Brown, Jefferson; M. B. Dwight, Lycoming; James Ross, Clarion; J. W. Hilliard, Mercer; S. B. Kieffer, Cumberland; A. S. Bonsteel, Erie; C. A. Rahter, Dauphin; A. Rothrock, Mifflin; Crawford Irwin, Blair; C. T. Palmer, Schuylkill; D. Cunningham, Lawrence; G. Y. Boal, Beaver; J. B. Ewing, Fayette.

Delegates to State Societies.—New Jersey: E. G. Steinmetz, Northampton; T. M. Drysdale, Philadelphia; Rowan Clark, Blair. New York: J. B. Murdoch, Allegheny; A. B. Brumbaugh, Huntingdon: H. C. Wood, Philadelphia; R. S. Sutton, Pittsburg; R. M. Boyles, Jefferson; D. H. Strickland, Erie. Ohio: C. F. McBride, Butler; T. J. Young, Crawford; H. S. McConnell, Beaver; E. Griswold, Mercer. Delaware: J. A. Ehler, Lancaster; S. D. Risley, Philadelphia; J. D. Ranney; R. D. Wallace, Lawrence. West Virginia: Thomas Shaw, Pittsburg; W. S. Duncan, Fayette; S. P. Klingensmith, Westmoreland; J. M. Barton, Philadelphia; J. L. Crawford, Indiana. Maryland: C. K. Mills, Philadelphia; J. S. Brough, Lawrence; John S. Dixon, Pittsburg; L. Fussel, Delaware; D. McKinney, Beaver. Massachusetts: F. G. Smyth, Philadelphia; John Curwen, Dauphin. Connecticut: J. V. Shoemaker, Philadelphia.

The Censors remain the same as last year, except H. O. Whitman, from Dauphin, in place of Seller; T. J. Young, of Crawford, in place of D. M. Calvin; A. S. Bonsteel, of Erie, in place of W. W. Wallace; A. Hibler, of Centre, in place of R. V. Wilson; and W. M. Reber, of Columbia, in place of R. Simington, of Montour.

The next place of meeting was fixed at Chester, Delaware county, on the last Wednesday of May, 1879. The report was adopted.

On motion of Dr. C. Irwin, of Blair, the time was changed to the third Wednesday in May, 1879.

Dr. A. H. Halberstadt, of Pottsville, read a paper on Anæsthesia in Parturition. Referred to Committee of Publication.

Dr. Ezra Dyer, of Pittsburg, read a paper on the metric system. Also referred.

He presented the following:—

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system, from its universality, simplicity, and scientific character, does recommend the use of the same to the members of the Society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical studies.

This was, on motion of Dr. Traill Green, of Easton, amended by adding that in all communications made to this Society in which reference is made to weights and measures, the metric system only shall be used; after which the resolution was adopted.

On motion of Dr. J. B. Murdoch, of Pittsburg, it was

Resolved, That the Permanent Secretary of this Society be instructed to bring the action of this Society to the notice of the American Medical Association, at its next meeting, and urge upon that body a similar action.

On motion of Dr. T. W. Shaw, of Pittsburg, it was

Resolved, That this Society advise that the metric system be taught in the public schools of this State.

Dr. C. K. Mills, of Philadelphia, read a paper on Psoas Abscess Simulating Nervous Affections. Referred to Committee of Publication, after some remarks by Dr. H. C. Wood, of Philadelphia.

Dr. J. S. Dickson, of Pittsburg, read a paper on Notes of Two Cases of Ovariotomy. Referred to Committee of Publication.

The Report on Care of the Insane was read by Dr. John Curwen, of Harrisburg, and referred to the Committee of Publication.

The Report of the Committee on Female Assistant Superintendents in Female Departments of Insane Asylums was read by Dr. Hiram Corson, of Conshohocken, and referred to Committee of Publication. He offered the following resolution, which was adopted:—

Resolved, That a Committee of seven be appointed by the President of this Society, to memorialize the Legislature to enact laws, if any be needed, to authorize the employment, by managers of hospitals under control of the State, of women medical superintendents for the female departments of said hospitals, and for hospitals to be erected for the accommodation of females.

Committee.—Drs. H. Corson, E. A. Woods, R. L. Sibbett, A. Nebinger, Traill Green, I. N. Kerlin, Benjamin Lee.

Dr. Wm. Pepper, of Philadelphia, read a paper, a Contribution to the Clinical Study of Jaundice, with special reference to the internal use of nitrate of silver in its treatment. Referred to the Committee of Publication.

Dr. B. Lee, of Philadelphia, read the Annual Address in Hygiene, which was accepted, and referred to the Committee of Publication.

The Treasurer read his report, showing a balance in hand of $865.40. It was accepted, and referred to the Auditors, Drs. B. Leaman, of Leaman Place; H. T. Coffey, of Pittsburg; and John Curwen, of Harrisburg.

On motion of Dr. W. Goodell, of Philadelphia, it was

Resolved, That the expenses of the Treasurer in attending the annual sessions of the Society shall be paid by the Society.

Dr. A. M. Pollock, of Pittsburg, having declined the election of Vice-President, he having already been President, Dr. Thomas J. Gallaher, of Pittsburg, was elected.

Dr. L. Turnbull, of Philadelphia, read a paper, Observations and Experiments on Hydrobromic Ether. Referred to the Committee of Publication.

He also read a paper on Diseases of the Mastoid Process, their prognosis, pathology and treatment. Also referred.

Dr. J. M. McCann, of Pittsburg, read a paper, Clinical Observations on Excision of Joints, with special reference to the elbow joint. Also referred.

Dr. S. S. Koser read a paper on the Use of the Plaster-of-paris Jacket in Fractures of the Spine. Referred to Committee of Publication.

Dr. O. H. Allis, of Philadelphia, exhibited a portable gas light, of very ingenious and simple construction.

Dr. B. Lee, of Philadelphia, made some remarks on the last two papers.

Adjourned till Friday at 8 A.M.

THIRD DAY.

President in the chair.

Dr. J. L. Stewart, of Erie, alluded to the death of Dr. W. M. Wallace, of Erie, late President of this Society, and offered the following:—

WHEREAS death has again visited our Society, and taken from our midst a professional brother whom we loved and delighted to honor, the Nestor of our profession in Northwestern Pennsylvania, therefore be it

Resolved, That in the death of Dr. Wm. M. Wallace this Society has lost a useful and brilliant member of the medical profession, one of its brightest ornaments, and the State one of its most learned and accomplished citizens.

Resolved, That we will ever hold in pleasant memory Dr. Wallace's devotion to the interests of this Society, of which he was formerly President, his high moral character, his most scrupulous regard for his professional obligations and conscientious performance of every duty incumbent on a physician, to his patients, to his brethren of the profession, and to his fellow men.

Resolved, That these resolutions be spread upon the minutes of this Society.

The report of the Committee of Publication was received and accepted.

On motion of Dr. T. Green the Committee on Medical Legislation was continued, and the chairman was granted permission to append the names of those present at this meeting to the memorial.

Dr. T. Green offered the following:—

Resolved, That County Societies be requested to report, during the present year, the proportional number of epileptics which, within their knowledge, have become insane, to Dr. Curwen, who is appointed a Committee to report on this subject.

The auditors reported the Treasurer's accounts correct, and were discharged.

Dr. R. S. Sutton's paper, on Three Cases of Cyst of the Broad Ligament was not read, but referred to the Committee of Publication.

The Committee on Legislation for the organization of a State Board of Health reported that the memorial had been presented to the Legislature, together with an act incorporating the Board, but that it had not been reached. He hoped that at the next session the law would be passed.

The Secretary suggested that inasmuch as representatives—or mis-representatives, rather—of the State had apparently become impressed with the idea that the three gentlemen acting as the committee had axes to grind in pressing the passage of the bill, the names of the members of the Society be appended to the memorial. The suggestion took the form of a motion, and was adopted.

On motion, a vote of thanks was tendered the Allegheny County Medical Society, for the elegant entertainment furnished last night, and also to the railroads, for reduced rates of fare.

The Committee of Publication reported that they had printed and circulated 1400 copies of the proceedings of the last annual meeting.

On motion a vote of thanks was tendered Dr. Agnew for the impartial manner in which he presided over the deliberations of the Convention.

President Agnew then appointed a committee of two to conduct Dr. Stewart, the President elect, to the chair.

Dr. Stewart, in a brief speech, returned thanks for the honor conferred in calling him to the Presidency, and asked the co-operation of the members of the Society in the discharge of the business devolving on him.

After some further informal talk the Society adjourned until the third Wednesday of May, 1879, when the meeting will be held in Chester.

THE ILLINOIS STATE MEDICAL SOCIETY

Met at Springfield, May 21st, and had a full attendance. The following officers were elected for the ensuing year: President, E. P. Cook, of Mendota; Vice-Presidents, James Whitmore, of Metamora, and G. W. Jones, of Danville; Treasurer, J. H. Hollister, of Chicago. The next annual meeting of the Society will be held at Lincoln on the third Tuesday of May, 1879.

—A mutual cremation society exists in Dresden. For the payment of a small annual sum a member is burned for nothing when he dies.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Value of Sponges in Surgery.

Mr. Furneaux Jordan writes, in the *British Medical Journal*—

A sponge conveys, renews, or maintains antiseptiicity with signal convenience and efficiency. A soft, cleansed, moist, antiseptic, and sufficiently large sponge may be put over, or occasionally even within, the parts which have been recently injured or operated upon, with benefits so marked as to deserve pointed commendation. Such a dressing apparently secures all the conditions which favor the healing process; and all that we can do is to control conditions. We have no surgical charms, royal touch, or prayers which are able to heal.

A sponge exerts a soft, uniform, diffused, elastic, and measurable pressure. Slight pressure will keep a wound clean; moderate pressure keeps up efficient drainage of all deep-seated fluids, and renders the ordinary drainage tube, as a rule, unnecessary. The drainage (and pressure) of a sponge is diffused and complete; the drainage of a tube is local and incomplete. In many cases, where I have used a tube with a superjacent sponge, I have found, on removing the first sponge, after some days, all the parts healed, except the locality of the tube. In similar cases, where the tube has not been used, the healing has been complete. There is one structure which, in my experience, strongly resents the presence of an india-rubber tube passed through its substance; it is the female breast, multiple abscesses arising in the vicinity of its tract.

Moderate sponge pressure also keeps the deep parts in apposition, and thus promotes the deeper solid union; a greater virtue no dressing can possess. A little more, though not at all severe, pressure arrests hemorrhage from all except the larger vessels; even the latter might, if necessary, be held in check for a considerable time. In operations and injuries where hemorrhage is free, and from many and not large vessels, as in wounds of the palm, indeed, in any operation or injury involving the hands and feet, the advantages of a sponge and bandage are clearly seen. In operations on the breast, especially where axillary glands require removal, I look on a large sponge as my best friend. In some cases such as these a bit of sponge put inside the wound (Mr. Lister's writings first suggested this to me), the margins being drawn together, or a large sponge placed thereon, instantly stops all bleeding. Here I should change the first dressing as soon as the probability of primary and reactionary hemorrhage had passed away, so that deep union might not be hindered. There is probably some physical peculiarity in sponge which tends to arrest hemorrhage, independently of mere pressure. Protracted pressure with lint or cotton, sufficient to arrest hemorrhage, would cause sloughing; it is not so with sponge pressure. Sponge "bites" the skin, and thus keeps the superficial parts in place, while its elastic pressure keeps the deep parts together. I will now merely hint at some other of its qualities. Sponge may be kept very wet or slightly damp, hot or cold, small or large, by merely altering the character and the amount of the fluids which may be applied to it; all this is possible without removing the sponge. The lotion may be nearly boiling, or it may be constantly iced. Fluid may be applied with any frequency; it may be medicated with any approved agent. Lotions which give deposits, as those containing lead, are not so suitable, as they harden the sponge—a condition which can rarely, if ever, be necessary. If the sponge dressing require to be prolonged more than a few days, the lotion must not be of a character or a strength to unduly irritate the skin.

Turkey sponge is better for smaller wounds and operations; in larger lesions the honeycomb is more manageable. Sponge dressings may be removed frequently, or, which is much more important, very unfrequently. The softness and bulk of damp sponge protect from movement, friction, blows, or other injury. Sponges take any shape, may be adapted to any surface, or cut to any size. Two or more (stitched together or not) may be used when one is not large enough or only small ones are available.

It is well to have separate suitably-shaped and prepared sponges for dressing; but, if this be overlooked or be inconvenient, the operation sponges may be used. Sponges which have been used, if completely cleaned and disinfected, are even better than new ones.

How long should we continue the sponge-dressing? Not long; until all danger of urinary and recurrent bleeding has ceased; until deep union is fairly established, and there is little fear of the separation of parts; until (which is much the same thing) the discharges have become slight and the wound is mainly superficial. All these results I very frequently find on removing the first dressing, which has remained some days—three, four, six, eight, or ten.

In amputations of the limbs, sponges, one or two, may be readily made to cover the incisions, support the deep parts, check hemorrhage, drain, and act as splints. In removal of the breast and tumors generally, the sponge dressing has special advantages. The sponge should

be large; say, in a woman of medium size, ten or eleven inches long, five or six wide, and four or five thick. It should be placed directly over the stitches or strapping; indeed, it is one of the merits of the sponge that it can be placed over any other contrivance. If strips of plaster be needed to relieve tension, they should be long, say from over the shoulder to near the groin, when the slight moisture of the sponge will not spoil their adhesion. A few neat and firm turns of wide, thin, smooth bandage are better than a large number in several ways, especially in the medication or antisepticication (may I say?) of the sponge. During the few years I have used sponge dressing, I have not had a single instance of early recurrent or later reactionary, or of secondary hemorrhage. I scarcely ever tie a vessel. One or two may be twisted or compressed a few minutes by spring forceps; but patient pressure for a time, with relays of well-wrung sponges within the wound, rarely fails to stop primary hemorrhage.

In the deep excision of cancers from mucous outlets—a branch of surgery in which it falls to my lot to have much experience—I should be much at a loss if I had not at hand my large sponge with its antiseptic, styptic, compressing and draining properties. A few months ago, I removed a cancerous penis as far down as the triangular ligament in the perineum (splitting the scrotum to do so, the man preferring to retain the testes); a sponge with a catheter passed through its centre, stopped the bleeding, dressed the wound, and kept it antiseptic, all at once.

I need not detail every operation in which sponge dressing is of benefit; I will briefly refer to a few only. I have just had striking evidence of its utility in trephining. Twenty-one days ago a young man was brought into the Queen's Hospital with a cut, and therefore a comminuted and depressed fracture of the right parietal bone, caused by a falling slate. Brain was oozing out, and as much as would fill a walnut-shell escaped. Left hemiplegia was marked, but not complete. I trephined, and removed numerous fragments and a bit of felt hat, leaving a gap two inches long and an inch and a half wide. The soft parts were very loosely adjusted, and well-covered and overlapped by a soft sponge kept constantly moist with terebene, and fixed by one strip of adhesive plaster twenty inches long and three inches wide. On this, the fourteenth day, his state could not be more favorable.

In wounds generally, in compound fractures, after operations for caries or necrosis, after opening abscesses, superficial or deep, the sponge dressing is of ready utility.

After operations for hernia, a large antiseptic sponge, under a few turns of spica bandage, forms an ideal dressing, which at once gives elastic truss pressure, cleanliness, drainage and antisepticity.

After lithotomy, when there is free bleeding, there is no mechanism which equals in accessibility, simplicity and efficiency, an elongated bit of sponge, a kind of sponge tent, passed by the side of an elastic tube or catheter. I have now in the hospital a man, aged seventy-five, who is convalescent from lithotomy. The stone was very large, the incision necessarily free, the hemorrhage great, and the patient naturally feeble; after a few spoonfuls of iced water, I put a large elastic catheter through the wound, and by its side a sponge-tent of the size of my finger. In a few moments the bleeding ceased, not to return, and the urine shortly came through the catheter. All went on well, save that severe signs of senile exhaustion appeared after seven or eight days; these were successfully checked by repeated alteration in position, and even partially clothing the patient: the risk of a permanent fistula from getting up too soon seemed better than death. In lithotomy wounds, as elsewhere, when the sponge is put within the wound, it speedily creeps into every corner, crevice or recess from which blood may flow. It is on this principle that an ordinary uterine sponge-tent, passed along the floor of the nose, as recorded by a surgeon whose name I forget, checks epistaxis immediately, without time, trouble or apparatus.

On Sexual Hygiene.

That careful observer, Dr. George M. Beard, states on this subject, in the "Proceedings" of the King's County Medical Society, the following conclusions:—

1. In savage, barbarous and semi-civilized lands the sexual appetite can be, and is, and always has been, indulged by both sexes, not only in the natural way, but in all sorts of unnatural ways, to enormous excess, without traceable harm to the nervous system. To a less degree this is true of the lower orders in civilized lands—as slaves, sailors and peasantry.

2. The brain-working, indoor-living classes of civilization find it necessary to observe the same caution in this respect as in regard to diet. They can bear only a fraction of what to the savage or the slave is a matter of indifference.

3. There are individual idiosyncrasies in this regard. Some who are very feeble can bear much sexual indulgence, just as some who cannot raise their heads in bed, or take any stimulants or tonics, can eat and digest large quantities of food, or bear any amount of alcohol or electricity.

4. Sexual intercourse is a tonic and sedative; and, like other tonic and sedative measures, it induces sleep, or, at least, quietness, and increases the disposition and capacity for work. When carried to relative excess—that is, excess for the individual at the time—it may produce, primarily, nervousness and wakefulness, and secondarily, headache, neuralgia, and various symptoms of exhaustion. The appetite for sex, like the appetite for food, cannot well be regulated by arithmetic; but whenever any of these symptoms follow indulgence, they suggest excess at that time. At

another time, under different circumstances, the same indulgence for the same individual may do no harm.

5. The evil effects of over-persistent sexual excess are usually temporary and very recoverable.

The German notion that structural and incurable diseases—as locomotor ataxy and progressive muscular atrophy—are caused, primarily, by sexual excess is not sustained by my observation. Functional excess of any kind causes functional, not structural, disease. Just as excessive brain work, uncomplicated with worry, may cause cerebral asthenia, or brain exhaustion—just as excessive eating may cause atonic dyspepsia—just so excessive sexual activity may cause sexual exhaustion, either local or general; but none of these types of functional debility are usually of a permanent character; removing or modifying the cause in time removes or modifies the effect.

Under this head I may say that there is no question that an important proportion of cases of functional nervous disease in both sexes are brought on or made worse by sexual excess and disturbance. As a rule, these maladies are most common between the ages of fifteen and forty-five, when the sexual system is most active and most liable to abuse. I am persuaded that our remedies often disappoint us because the patient, through this function, keeps up a constant irritation—an irritation, perhaps, which on a strong and savage constitution would have no effect, but on a civilized nervous temperament is full of evil.

6. Excessive sexual indulgence, or abuse, acting on a strong constitution, produces local functional disease of the sexual organs—impotence in its various grades; acting on a nervous and delicate constitution, it produces general nervous exhaustion.

The worst cases of impotence I have ever seen have been in men of iron frames. The feeble, finely-organized constitution cannot abuse itself long enough to become impotent; excess so soon shows itself on the general system that it is impossible to induce local disease.

On Lymphadenoma.

At a meeting of the London Pathological Society, in April, Mr. Nunn exhibited microscopical preparations and drawings of examples of—1. Simple hypertrophy of an axillary lymphatic gland; 2. Secondary affection of a popliteal lymphatic gland, the primary disease having been large-celled sarcoma of the fibular periosteum; 3. Secondary affection of the axillary lymphatic glands, the primary disease having been cancer of the breast; 4. Secondary affection of subcutaneous lymphatic tissue, from the neighborhood of the scar after amputation of the breast seven years previously, the primary disease having been tumor of the breast, presumably cancer. The first specimen showed an unlimited production of lymphoid corpuscles, without any tendency to arrangement in groups. The second showed an equally unlimited production of the large cells of the sarcoma, without tendency to arrangement in groups. The two last showed cells of two distinct characters, namely, the lymph corpuscles and the epithelium-like cancer cells; these latter being arranged in groups and surrounded by the lymphoid corpuscles. In reference to questions raised by Dr. Wilks, Mr. Nunn said that, whatever might be the precise nature of the relation of lymphadenoma to cancer, a very suspicious companionship would be found in cancer, between the cancer cell and the adenoid growth. He thought, in respect of prognosis, that the general invasion would be found to be more rapid, and the fatal termination to occur earlier, in adenosis than in cancer.

The Use of Chloral in Alcoholism.

Dr. Fürstner, of Vienna, is quoted by the London *Medical Record*, on this subject, as follows:—

In the first published cases of delirium tremens treated by chloral, its favorable action was not always very marked; sometimes its effect was temporary, sometimes altogether absent; in some of the cases toxic symptoms were caused, and it soon became evident that the dose necessary to produce the desired result varied within very wide limits. It must never be forgotten that many patients, when they first come under treatment, have still a large quantity of uneliminated alcohol in the system. Though the general symptoms of depression, caused by large doses of alcohol, are often not very marked in habitual topers, still the condition of the pulse deserves the most careful consideration in deciding the dose of chloral to be given. Certain patients, not necessarily weak and emaciated, but apparently robust, muscular persons, often have a remarkably small, frequent, compressible, occasionally irregular pulse, with great faintness of the heart sounds, and a less degree of motor restlessness than usual. The author has repeatedly satisfied himself by necropsies that these symptoms are not due to any disease of the heart; they must, therefore, have a central cause. Having regard to the facts that chloral has been proved experimentally to have, in large doses, a paralyzing action on the heart and vaso-motor centre, and that several published cases show that chloral has had a pernicious effect in alcoholism, it is necessary to be most careful in the administration of alcohol in the cases just described. The author believes that cases of sudden death in delirium tremens, after the administration of chloral, are to be explained by the combined cumulative action of alcohol and chloral upon the vital centre in the medulla. It may be urged against this theory that sudden death is by no means uncommon in this disease, even when no chloral has been given; Dr. Fürstner believes that in these cases the alcohol has, of itself,

been sufficient to stay the functional activity of the vital centres; it is, therefore, most important not to increase this danger when it threatens, by administering chloral. All patients who, though apparently robust, have the small, frequent and compressible pulse described above, without other complications, are treated by Fürstner without chloral; they are secluded if they cannot be kept in a general ward, and small doses of wine and spirits are given with good results.

Remedies in Epilepsy.

Dr. Erlenmeyer, in the *Correspondenz Blatt*, collects a number of testimonies, from different German physicians, to the benefits derived from the treatment of epilepsy in asylums and institutions for idiots.

Dr. Bertelsmann, physician to the Institution for Epileptics at Bielefeld, remarks, that though he does not believe bromide of potassium to be a specific against epilepsy, he is persuaded that it occasionally effects a cure. At the same time he quotes the opinion of Dr. Auguste Voisin, that though oxide of zinc acts more slowly than the bromide of potassium, its effects are more certain; and after having used both these two medicines for more than twenty years he habitually gives the preference to the oxide of zinc, used after the method of Herpin, of Geneva. Dr. Erlenmeyer has tried bromide of lithium, which was recommended by Dr. Levi, of Paris, as more efficacious than the bromide of potassium, and as having no action upon the heart.

From his own experiments he is disposed to believe that it is inferior to bromide of potassium as a remedy against epilepsy. He has also tried bromide of quinine, and found it had a more hypnotic action than bromide of potassium; he finds it useful in treating periodic fits of insanity and hypochondria, but is not inclined, on the whole, to give it the preference to the more commonly used drug.

Reduction of Strangulated Inguinal Hernia by Aspiration.

Surgeon-Major F. P. Staples reports the following case, in the London *Medical Times and Gazette*:—

Private J. P., Thirty-third Regiment, aged forty, a spare, healthy-looking soldier, was admitted into hospital at Aldershot on July 2d, 1877, complaining that he was unable to return a rupture which he said he had had for about a year, and for which he had worn a truss. He suffered during the night previous, from a severe attack of diarrhœa, and during violent straining the hernia descended. When he tried to return it—no doubt after some little time had elapsed—he found that he was unable to do so. The tumor, on examination, was found to be very hard, about the size of a billiard ball, directly below the right inguinal ring, and without visible alteration of the covering integument. The constitutional symptoms were feverishness and frequent vomiting of darkly-colored matter, but the latter emitted no odor of the fæces. On the failure of the usual methods of taxis at the hands of a good many medical officers, and there being apparently no muscular tension to overcome by the use of anæsthetics, aspiration was decided upon. Deputy Surgeon-General W. A. Mackinnon, C. B., suggested this when first he saw the case, and from previous successful experience said he had little doubt that it would succeed. Accordingly, with the assistance of Surgeon H. Boyd, about twenty hours after the tumor became irreducible, I passed the finest needle of the aspirator into the centre of the tumor, and about one ounce and a half of reddish-colored fluid, and apparently about the same quantity of gas, escaped into the vacuum. The result of this was the immediate collapse of the tumor and the easy return of the emptied gut into the abdomen. The subsequent progress of the case was uninterrupted recovery, and Surgeon-Major J. Wilson, to whose kindness I was indebted for the opportunity of operating, wrote subsequently to me, to say, regarding the case, "that no intestinal symptom followed the operation, but that he kept the man a little longer than usual under observation before discharging him."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A periodical devoted to the history and geography of medicine is about to be started in Germany, *Deutches Archiv für Geschichte der Medicin und Medicinische Geographie.* A list of very able collaborators is given. The editors are Drs. Heinrich and Gerhard Rohlfs. Price twelve marks per year.

—"The Pathology of Seborrhœa," by Dr. Arthur Van Harlingen, a reprint from the *Archives of Dermatology*, is a very careful study of this frequent disease. He would remove from under this designation cases of what has been called seborrhœa sicca, since the pathological product in such is not sebum, but epithelium, from the horny layer of the skin.

—The relations of syphilis to the public health have been discussed in an address by Dr. Frederic R. Sturgis, of New York city. He estimates that about five per cent. of the population of cities is affected by this disease. (pp. 40. Hiram Truss, Jr., Publisher, New York city.

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A WEEKLY JOURNAL,

Issued every Saturday.

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FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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THE METRIC SYSTEM IN MEDICINE.

The United States Marine Hospital Service has issued a circular directing its medical officers hereafter to make use of the metric system of weights and measures for all official medical and pharmacal purposes. The weights and graduated measures furnished the medical officers will hereafter be in accordance with this system. Simple rules are furnished for the conversion of terms of the United States apothecaries' weights and measures into their respective equivalents in metric terms.

This action, although it may meet with hostile criticism in conservative quarters, must commend itself to those of the profession who recognize how important it is for science to adopt a uniform and the simplest known method of expression. There can be no doubt but that the world is coming more and more to a unity of opinion on this subject; and it is no credit to us as a nation that we are so slow to accept valuable suggestions, because they seem to reflect on our national pride.

The rules which the circular lays down for the conversion of the familiar apothecaries' weights into grammes and centimetres are sufficiently accurate, and we believe are worth quoting, for the convenience of the profession at large, who in their reading if not in their practice, are often called upon to translate the one system into the other.

1.—TO EXPRESS QUANTITIES BY WEIGHT OF THE APOTHECARIES' SYSTEM IN METRIC TERMS, OR TO WRITE MEDICAL PRESCRIPTIONS IN METRIC WEIGHTS.

RULE A.—*Reduce each quantity to grains; then divide the number by* 10 (or move the decimal point one place to the left), *and from the quotient subtract one-third.* The remainder is in each case the number of grammes representing (nearly) the same quantity. Or,

RULE B.—*Reduce each quantity to drachms, and multiply the number by* 4. The product is in each case the number of grammes representing (nearly) the same quantity. Or,

RULE C.—*Reduce each quantity to ounces, and multiply the number by* 32. The product is in each case the number of grammes representing (nearly) the same quantity.

One gramme is equal to 15.43234874 troy grains. In preparing the above rules the fraction has been ignored, as for medical and phar-

macal purposes one gramme and 15 troy grains may be safely considered as equal quantities. In Rule A, therefore, a division by 15 may, if preferred, be substituted for the division by 10, followed by a subtraction of one-third from the quotient, with the same result. The difference between 15 and 15.43234874 is 2.882+ per cent., and hence the deviation from exactness in the answer arrived at by either of the above rules corresponds to an excess of 28.82+ grains for every 1000 grains.

To insure greater accuracy, if in any case deemed necessary, three per cent. may be deducted from the answer arrived at by either of the Rules A, B, and C. The deviation from exactness will then be reduced to one-fifth of one per cent., the remainder being less than the exact equivalent sought by only 2.04 grains for every 1000 grains, or about one grain for every ounce.

2.—TO EXPRESS QUANTITIES BY MEASURE OF THE APOTHECARIES' SYSTEM IN METRIC TERMS, OR TO WRITE MEDICAL PRESCRIPTIONS IN METRIC CUBIC MEASURES.

RULE D.—*Reduce each quantity to minims; then divide the number by* 10 (or move the decimal point one place to the left), *and from the quotient subtract one-third.* The remainder is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

RULE E.—*Reduce each quantity to fluid drachms, and multiply the number by* 4. The product is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

RULE F.—*Reduce each quantity to fluid ounces, and multiply the number by* 32. The product is in each case the number of cubic centimetres representing (nearly) the same quantity.

One metre is equal to 39.370432 inches. Hence one cubic centimetre is equal to 0.0610-253868—cubic inches, or to 16.2311678 + minims (there being 61,440 minims in each wine-gallon of 231 cubic inches). In preparing the above rules 1 cubic centimetre and 15 minims have been considered as equal quantities, which, for medical and pharmacal purposes, is deemed sufficiently accurate. In Rule D, therefore, a division by 15 may, if preferred, be substituted for the division by 10, followed by a subtraction of one-third from the quotient, with the same result. The difference between 15 and 16.2311678 + is 8.208—per cent., and hence the deviation from exactness in the answer arrived at by either of the above rules corresponds to an excess of 82.08—minims for every 1000 minims.

It were desirable that, for any purpose outside of official circles, we mean for the general profession of the United States, the National Pharmaceutical Association and the American Medical Association should unite on a set of rules and a plan which should hereafter be taught at all pharmacal and medical schools. It is high time that this be done, and we trust the action of the energetic supervising surgeon of the Marine Hospital Service will hasten the event.

Professor Persifer Frazer, Jr., of this city, has recently written an able pamphlet on the substitution of the metric for our usual system of weights and measures; and the words with which he closes are so terse, and so much to the point, that we quote them in closing this article.

"In conclusion, let it be earnestly pressed that few of those many reforms, of which the discovery and prosecution appear to be the highest object of man's existence, would so soon reward the nations and the people adopting them as their own, by winning priceless time in the early school life of children for the more thorough preliminary preparation which seems to be now demanded by the rising standard of qualifications for entrance into our higher institutions of learning; by the increased facilities of trade; by the diminution of the amount of computation necessary to carry on business between man and man, the natural result of greater general culture; and that best kind of gaining which consists in *saving;* our people would soon bless the wisdom which had led them to accept the Metrical System, and would come to regard it as one of their most priceless legacies."

NOTES AND COMMENTS.

Therapeutical Notes.

CHLORAL IN DIPHTHERIA.

Dr. Farrini, in Tunis, as well as several Italian physicians, have used with much success, in diphtheria, a solution of chloral in glycerine.

℞. Chloral hydratis,	gr.xxx-xl	
Glycerinæ,	ʒiv-v.	M.

The dose is varied according to the age, and may be given in water, to the taste.

TURPENTINE IN WHOOPING COUGH.

Inhalations of oil of turpentine are highly recommended in whooping cough and acute laryngitis, by a Swiss physician, Dr. A. Gerth. Twenty drops are placed on a handkerchief, held to the mouth and nose and inhaled in thirty or forty deep inspirations. This is repeated thrice daily.

STRYCHNIA IN ENURESIS.

Dr. Kelp, of Oldenburg, in several obstinate cases of nocturnal incontinence of urine, has succeeded in the most satisfactory manner by administering a hypodermic injection of a solution of nitrate of strychnia. One or two injections are generally sufficient.

CAFFEINE IN CEPHALALGIA.

Citrate of caffeine, in doses of two grains every half hour until the pain ceases, is strongly advocated as an effectual remedy. Often one or two doses are quite sufficient. The only contraindication is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana, as being hardly ever rejected by the stomach.

The Physiological Action of Aconite.

In an article in the *Practitioner*, Dr. G. H. Mackenzie states that the physiological action of aconite on the respiratory system may thus be summarized:—

1. Its effect on the respiration is primary, and due to the direct action of the drug on the sensory fibres of the vagus, and the respiratory centre.

2. It induces a series of symptoms closely resembling those developed after section of the vagi.

3. It causes death partly by asphyxia, and partly by the variety of collapse spoken of by Brown-Sèquard as "characterized by a great diminution of breathing, produced by a peculiar influence on the central organs of respiration, the heart continuing to beat with more or less vigor."

Cause of Sudden Death in Typhoid.

In a paper on this subject, Dr. Huchard, of Paris, states the result of his inquiries to be that sudden death in typhoid fever is due to two causes united—encephalic anæmia and degeneration, or simply ischemia, or a paretic state of the cardiac muscles.

He draws the following conclusions from these theories:—

1st. To resist the degeneration or weakness of the heart by the administration of digitalis, which is a cardio-vascular tonic, and by the use of coffee, wine, or alcohol.

2d. To guard against cerebral anæmia and the tendency to bulbary ischemia, by opium and injections of morphia.

Sudden Death After Burns.

The cause of the sudden death which occasionally follows severe burns has been studied by Dr. Ponfick, (*Berliner Klin. Wochenschrift*, No. 46). He found that in such instances the red blood cells are broken and disintegrated, in large numbers, into colored particles, which, passing into the lungs, spleen and kidneys, bring about sudden pneumonic symptoms, suppression of urine and consequent uræmic poisoning, and swelling of the spleen. He believes, in such cases, transfusion would prove of service.

Action of Chloroform on the Bladder.

Dr. Reliquet, in his lately published "Lectures on Diseases of the Urinary Passages" (Paris, 1878), states that the complete action of chloroform on the sensibility of the urethra stops at the neck of the bladder, when the latter is the seat of local irritation; in the female, the action of the anæsthetic on the urethra is complete. As for the bladder, the inhalations, far from diminishing its sensibility, appear, on the contrary, to increase it, when it is the seat of some lesion; but, when healthy, the bladder dilates under its influence.

Uses of Jaborandi.

A case is reported by Dr. H. B. White, in the *Proceedings* of the King's County Medical Society, for May, where jaborandi, given in a case of puerperal convulsions, promptly reduced the anasarca, restored the functions of the kidney, and checked the convulsions. It has also been found of decided value in the dropsy following scarlatina. Pilocarpin, its alkaloid, is somewhat more certain in its effects. The latter is still dear, selling at about forty cents per grain, wholesale.

Camphor and Tobacco.

In an article in the *Practitioner*, Dr. Edward Noakes says that in cases of overdose of tobacco, as in the sickness from smoking, etc., a dose of camphor has repeatedly proved antidotal in his hands.

To Remove the Odor of Iodoform.

A writer in the *Union Medicâle* states that a solution of iodoform in ether may be applied to diseased parts, and that the coating so left is odorless.

CORRESPONDENCE.

The Selection of Medical Experts.

ED. MED. AND SURG. REPORTER:—

It was with much gratification that I read Professor John J. Reese's masterly review of the subject of "Medical Expert Testimony," in the REPORTER for April 20th, in which he propounded and ably answered three very important questions relative to the medical expert, viz.: (1) What are his requirements? (2) What are his privileges? (3) What should be his compensation? To complete the subject, permit me to supplement these with another question: (4) Who should select the medical expert?

The pertinence of this question becomes obvious the moment the medical expert's position is taken carefully into consideration. This position was indicated by Professor Goodell, who, in his wisdom-laden remarks to the graduating class of the University of Pennsylvania, said: "When summoned to courts of law as medical experts you will find it hard to resist an unbecoming bias toward your client." (REPORTER, April 6th).

Permit me to illustrate the truthfulness of Professor Goodell's remark, and demonstrate the force of my inquiry, by a case in point. Two years ago an important will case was being tried in the District Court at Cincinnati, during the progress of which a demand was made for expert medical testimony, and contending counsel called for their respective experts. Among the physicians called by counsel for the plaintiff was one who occupies a prominent position in a regular medical college at Cincinnati, who has acquired some notoriety as an author, and who is reputedly versatile in the science of his profession. This man, with the counsel that called him, had been engaged together for some time previous to the trial in "making up" the case, adapting science and testimony, until each was made consistent with the other, and a hypothesis of insanity had been elaborated out of purely prevaricated premises. Then the doctor had been "cramming" the attorney with a batch of technicalities with which to impress the court and bewilder the jury, and the attorney had been training the doctor, in turn, how to avoid the pitfalls of the cross-examiner. Thus forearmed and in court, the doctor so warped his science as to make it available only to the plaintiff, while he either entirely evaded, or so shrouded in ambiguity as to put without the comprehension of the jury, such points as were calculated, by virtue of facts and fair science, to be of value to the opposite side; and he wound up his testimony by asserting the impossibility of "peripheral paralysis." His unfairness became so apparent, however, that he received severe censure in the court's charge to the jury. For all of this service this Æsculapian mercenary was compensated, by the counsel that employed him, in the sum of seventy-five dollars. Here we have illustrated a most "unbecoming bias;" and here we have exhibited a man who ought never to have been called as a medical expert in that case, because his association with counsel and the source of his compensation were calculated to make him prejudiced; and yet he was just the man desired by counsel for plaintiff; and it is just such a man that counsel will call whenever an opportunity affords, which shows that counsel ought not to have the privilege of selecting medical experts. This leads us to the inquiry that I started out to answer: Who, then, ought to select the medical expert?

In answering this question, I seek for a means (1), of keeping my professional brethren away from temptation; (2), of getting them on the witness stand unbiased; and (3), of arousing their interest in the scientific questions involved.

The first and second of these desirable objects can be attained only, with difficulty, when the expert has been selected and compensated by either of the parties to the suit; and the third object will be attained, but with like difficulty, when there is no prospect of compensation at all.

In this state of affairs, I suggest that all medical experts shall be selected by the court; and in jury cases, the selection shall be made by the court, at the instance of the jury; that the expert thus selected shall be compensated out of the public treasury; that the expense thus incurred by the public treasury shall be charged up in the bill of costs.

I will not now discuss this proposition, but hope that gentlemen of the profession will think it worth their while so to do. I have a particular desire to hear from Professor Reese on this subject, through the columns of the REPORTER.

With an encouraging, "well done, good and faithful servant," to my friend Dr. A. B. Buchman and his colleague, Dr. Thomas J. Dill, of Indiana, I subscribe myself, CHAS. REED, M.D.

Fidelity, Ill., May 15th, 1878.

Carbuncle Treated with Carbolic Acid.

ED. MED. AND SURG. REPORTER.

On Saturday, May 4th, I received my MEDICAL REPORTER, No. 18, and read an article in it on the Treatment of Carbuncle, by Dr. George D. Crosthwaite, of Florence station, Tenn., and on the next night (Sunday) I was requested to visit a gentleman suffering from a boil on the neck.

D. L., aged sixty-one; constitution good, and fair health. I found him suffering severely from a large, angry-looking carbuncle, over two inches in diameter, with extensive surrounding inflammation, seated on the back of his neck; he said that "it had pained him for a week; that he had not slept any for three nights, and the only ease he could get was by sitting on a chair and resting his forehead on a table; that he had chills, was feverish, and sick at stomach." I directed the application of a

bread and milk poultice, and gave him an opiate, which soon made him more comfortable.

Monday, 6th. I ordered a poultice of ground flaxseed, bread and milk, to be repeated every four or five hours, and always, before applying the poultice, to bathe the sore well with carbolic acid and water, one to twenty. No other treatment was used, except giving him one dose of compound cathartic pills.

Within two weeks his carbuncle was well, and he had no pain at any time, from the day of the first application of the acid and poultice. The plan of treatment, with thanks to Dr. Crosthwaite, was entirely satisfactory to me. I, however, venture the opinion that if I was called to a case in its incipiency I would first apply a blister, and then follow it up with the acid treatment. WILLIAM S. ROLAND.

York, Pa., May 23d, 1878.

Mechanical Support in the Treatment of Mammary Inflammations.

ED. MED. AND SURG. REPORTER:—

Experience has brought to my notice the necessity of mechanical support in the treatment of mammary inflammations. This may seem like a trivial suggestion, but when we look at the immense suffering the patient is compelled to undergo until the gland has recovered, either by resolution or abscess, the attending physician feels like doing something more than suggesting liniments, ointments or poultices for the better and more permanent relief of the patient. It has been my practice to cap the breast; this can be done readily by muslin and silicate of soda. I estimate the size of the breast, then, over a rounding block, or in some hollow vessel, I lay layers of muslin wet with the soda solution, three or four layers deep, then let dry, trim the edges and bind with muslin, cut bias, wet with soda solution, then coat the cap with the solution again, let dry and the cap is ready for use. This makes an efficient means for applying ointments or poultices, and gives firm support to the parts. In my hands it has been the means of giving great relief to the sufferer as well as a protection against any and all external injuries that are so liable to happen, causing much irritation and increasing the suffering, and retards the recovery. E. H. COOVER, M.D.

Harrisburg, Pa.

Active Competition.

We are in favor of active competition in the profession, but there is such a thing as carrying it too far; as witness this occurrence in Randolph, Wis., which we note in the daily papers:—Dr. Bliss was an old and established physician in Randolph. Dr. Willis was young, and just struggling into practice. One night Bliss was taken violently ill after drinking some water, and it was found that several pounds of strychnine had been put into the well. Willis is now accused of attempting to get rid of Bliss and go it alone.

NEWS AND MISCELLANY.

Texas State Medical Association.

The Tenth Annual Session commenced in San Antonio, Texas, April 2d, 1878. Dr. W. D. Kelley, of Galveston, President, in the chair. Dr. W. A. East, of Hallettsville, Secretary. The welcoming address was delivered by Dr. F. Herff, of San Antonio, President of the Western Texas Medical Association.

This was the first meeting of the Association ever held west of the Colorado river. The attendance was not as full as that held last year in Galveston.

The afternoon of the first day, Dr. A. R. Kilpatrick, of Navasota, Texas, read a lengthy report on Public Hygiene and State Medicine, of which section he is Chairman It embraced data collected from all parts of the State.

SECOND DAY.

Dr. T. J. Heard, of Galveston, read the report on Materia Medica and Physiology. Dr. T. D. Wooten, of Austin, read the report on Surgery and Anatomy. Dr. B. E. Hadra, of Galveston, read a report on Hepatic Dysentery. Dr. George Cupples, of San Antonio, presented the report for the Section on Surgery, contained in forty-eight folio sheets, showing very favorably for the skill and success, in this department, of the physicians of the State.

Resolutions were adopted to petition Congress for the removal of the duty on quinine; to petition the State Legislature to establish a State Board of Health; to urge upon our members of Congress the passage of a "Bill to prevent the introduction of infectious diseases into the United States," and to establish a national quarantine system; another urging upon physicians throughout the State to correspond with, and report to, the Committee on Climatology and Epidemics.

On Thursday night Dr. W. D. Kelley, on resigning his chair to his successor, delivered a popular address to a very crowded auditory of ladies and gentlemen, on general advances in medical science and profession; and Dr. T. D. Manning, of Austin, read an essay on The Physician.

Dr. George Cupples, of San Antonio, was elected President for the next term, and Drs. R. W. White, of Waco, first Vice President; W. E. Sanders, of Sherman, second Vice President; and J. T. Field, of Port Worth, third Vice President.

There were many interesting papers read, and discussions on different topics.

On Friday night the members, in a body, enjoyed the hospitalities of the ladies and members of the profession in the city, displayed in a bountiful supper at the Mauger Hotel, where many speeches were made and much festive hilarity prevailed.

The next meeting will be at Sherman, Grayson Co., Texas, on the first Tuesday of April, 1879.

West Virginia State Medical Society.

This Society met at Weston, May 22d. Papers were read by Dr. M. S. Hall, on State Medicine; Dr. M. R. Boyd, on a case of extra-uterine pregnancy; Dr. H. M. Gamble, on medical botany; Dr. A. H. Kunst, on puerperal insanity; Dr. F. B. Camden, on psychological medicine; Dr. A. G. Reged, on fracture of the femur, and others.

The following gentlemen were elected officers for the ensuing year:—

President, W. H. Sharp, M.D., Volcano; first Vice President, A. H. Krunch, M.D., Weston; second Vice President, W. L. Grant, M.D., Grafton; third Vice President, John Gregg, Quiet Dell; Secretary, M. F. Hullihen, Wheeling; Treasurer, J. C. Hupp, Wheeling; Censors, L. C. Hunt, E. A. Hildreth, H. W. Brock, Wm. Frey, J. M. Dazzell, J. W. McSherry, J. O. Wall.

Dr. E. A. Hildreth, of Wheeling, was appointed chairman of the Committee on Medical Botany, to report at the next meeting.

The next place of meeting is at Martinsburg, the time to be fixed hereafter.

The Paris School of Medicine.

The many American physicians who have visited Paris will be interested to learn that the School of Medicine is undergoing complete transformation. It is to be considerably enlarged, to about three times its present size, and it is to have a new front, monumental of its kind, facing the Boulevard Saint Germain, also recently opened. The houses around the old building have all been pulled down, so that it will be completely isolated. The Ecole Pratique also is to be considerably enlarged and improved. The cost is estimated at 4,000,000 francs (£160,000), and the buildings are to be completed in three years.

Obituary Notes.

—Dr. R. P. Grayson and his wife were both murdered in Anderson county, Texas, May 23d, by a band of desperadoes. The Doctor had fifty-two bullet holes in his body, and the room and house were pierced with 170 bullet holes. His offense had been bailing some negroes who had been arrested for theft. Seven of the murderers are in jail. Will they be properly punished? Not unless Judge Lynch does it.

—Dr. Jacob Hittell, of Lebanon, Pa., died May 22d, aged eighty years. He first practiced in Annville, whence he moved to Jonestown, where he pursued his calling for several years. Leaving that place, he went to Marietta, Lancaster county, and also practiced medicine there. Leaving that place he moved to Hamilton, Ohio, but while always acting as a physician, at this point in his career he began to speculate in land, in which, at the time of his death, he commanded immense interests, having large possessions in Ohio, Indiana, Illinois, and Kansas. He left a large estate.

Typhus in the East.

Nearly one-third of the weekly deaths in St. Petersburg, in April, were attributed to typhus. Separate hospitals for the fever have been organized. Nevertheless the London *Times'* correspondent at Bucharest, under date the 20th April, reports:—"I am assured by Baron Mundy, of the Red Cross Society in Turkey, that he finds, after an inspection of all the Turkish hospitals in Russia and Roumania, there is no typhus epidemic in any of these hospitals or in the towns where they are placed, and that the scare on the typhus question has at present no foundation in fact. Many sensational reports have been circulated about the prevalence of typhus in the Russian armies and among the Turkish prisoners." Other accounts say that in and around Erzeroum nearly 25,000 deaths from disease have occurred in the army.

Items.

—An enterprising physician in Ellsworth, Kansas, has his professional card painted on the drop curtain of the theatre in that place. The next drop he gets should be from his professional brethren.

—London papers state that a shop for the sale of horse, donkey, and mule flesh, as food, was opened in Castle street, Leicester square, last month. Sides of horse, donkey, and mule, certified by a veterinary surgeon's certificate to be those of healthy animals, are hung round the shop, beside sausages and sausage meat. The price of the joints range from 2d. to 6d. per lb.

MARRIED.

CURTIS—COIT.—On Thursday, May 9th, 1878, at the residence of the bride's mother, Clifton Hill, Annandale, N. J., by the Rev. Francis H. Bushnell, Margaret Johnston, daughter of the late Benjamin B. Coit, M.D., and Walter G. Curtis, M.D., of Smithville, N. C.

MASTIN—FERRY.—May 8th, 1878, at the residence of the bride's parents, by the Rev. J. V. Lowell, M.D., N. W. Mastin, M.D., and Miss Helen A., youngest daughter of Chas. D. Ferry, Esq. All of East Charleston, Pa.

SMITH—ROOT.—On Thursday, April 18th, 1878, by Rev. J. S. Hughes, Pastor of the Sixteenth Street M. E. Church, at the residence of the bride's parents, S. W. Smith, M.D., of Minneapolis, Mo., and Miss Ida E. Root, of Philadelphia.

WATKINS—DOREMUS.—At Presbyterian Church, Montclair, N. J., Tuesday, May 14th, 1878, by Rev. B. W. Yarrington, assisted by Rev. J. R. Berry, D.D., Dr. S. C. G. Watkins and Miss Mary Yarrington, daughter of Philip Doremus Esq., both of Montclair.

DEATHS.

SHOLL.—In Gainesville, Ala., May 11th, 1878, of entero-colitis, Emma Raymond, only daughter of Dr. E. H. and Mrs. E. R. Sholl, aged twenty months, less one week.